

ship today CL

# Work Order ID 58794

Wednesday, May 19, 2010 9:17:52 AM



Page 1

Item ID: D350-616-011

Accept



Setup Start



Revision ID:

Item Name: Emergency Stretcher

Stop



Start Date: 5/18/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 5/25/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan:

*RL*

Date:

*10519*

Tooling:

Date:

Run

Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

d350-616

E

100

0.00



DC

Document Control

Memo

Photocopy bluefile and create labels per PPP D350-616-011  
CHG004

0.00

*806612*

*CL 106/2*

110

Pick Kit

0.00



Packaging

Packaging

Memo

0.00

*10-6-15*

120

QC4- 100% Inspect kits for completeness

0.00



QC

Quality Control

Memo

0.00

*Subelon*

*(+1)*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 58794**

Wednesday, May 19, 2010 9:17:52 AM



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Item ID: D350-616-011

Accept



Setup Start



Revision ID:

Item Name: Emergency Stretcher

Stop



Start Date: 5/18/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 5/25/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursDraw  
NumberDraw  
Rev.Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-616-011

Location: 23PPP Rev: 0

10-6-2 SJ R

140

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10/06/02 HJ  
CL10/6/2

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

Wednesday, May 19, 2010 9:17:56 AM

Page 1

Work Order ID: 58794

Parent Item: D350-616-011

Parent Item Name: Emergency Stretcher

Comments: IPP E 03.04.04 Reformat KJ/RF

IPP Rev:F 08-12-10 rev.E as per dwg DD verified by:ec

Start Date: 5/18/2010

Required Date: 5/25/2010

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Qty Issued	Date Issued	Status
D2370 Litter Assembly		Manufactured	No				Each	3.0000	1		10-6-12	

Location Loc Qty Loc Code

ST231 3  
56584 3  
Each 0.0000

D2493  
Patient Stop Assembly

D350-616-013

Manufactured No

Manufactured No

Deck Plate and Tie Down

CHC700 2

Location Loc Qty Loc Code

FG031 2  
57460 2

*[Handwritten signature]*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector
		D350 - 616-011 B57461	SP	16-6-2 ←			

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries